



# **HIDDEN HARM PRESENTATION**

Bridget Boyle – Lancashire Care Foundation Trust on behalf of the  
South Lancashire Hidden Harm Working Group.



# HIDDEN HARM

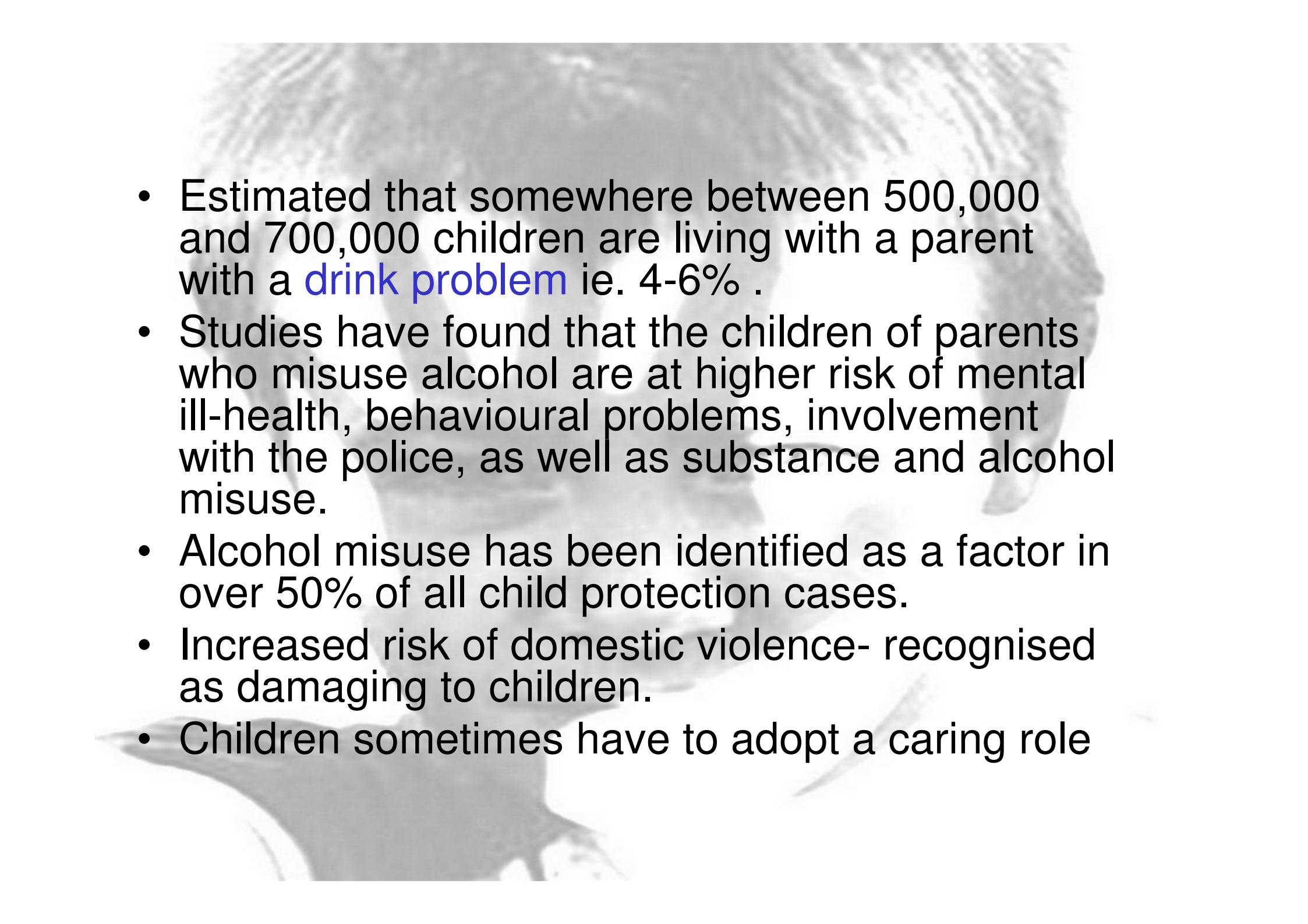
Hidden Harm is defined by the Advisory Council on the Misuse of Drugs as

“Parental problem drug use and its actual and potential effects on children”

# Hidden Harm- ACMD 2003

- Estimated that between 250,000 and 350,000 children in Britain ie. 2-3% have a parent with a significant **drug problem**. Around half of these children do not live in their parents care .Drug misuse can and does have significant detrimental effects on children from the time of conception right through to young adulthood.
- There is an increased risk of emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending behaviour and poor educational attainment in children of problem drug users.

(Reaching Out –Think Family Cabinet Office June 2007)

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- Estimated that somewhere between 500,000 and 700,000 children are living with a parent with a **drink problem** ie. 4-6% .
  - Studies have found that the children of parents who misuse alcohol are at higher risk of mental ill-health, behavioural problems, involvement with the police, as well as substance and alcohol misuse.
  - Alcohol misuse has been identified as a factor in over 50% of all child protection cases.
  - Increased risk of domestic violence- recognised as damaging to children.
  - Children sometimes have to adopt a caring role

# Bottling It Up – some statistics

(Turning point 2006 –[www.turning-point.co.uk/bottlingitup](http://www.turning-point.co.uk/bottlingitup))

- Up to 1.3m children in UK affected by parental alcohol problems
- Approx 3.8m people dependent on alcohol – (England and Wales)
- Alcohol causes up to 22,000 deaths each year and 1,000 suicides
- Around one third DV incidents linked to alcohol
- Alcohol misuse identified as a factor in over 50% child protection cases.
- Half of those attending drug and alcohol services have mental health problems

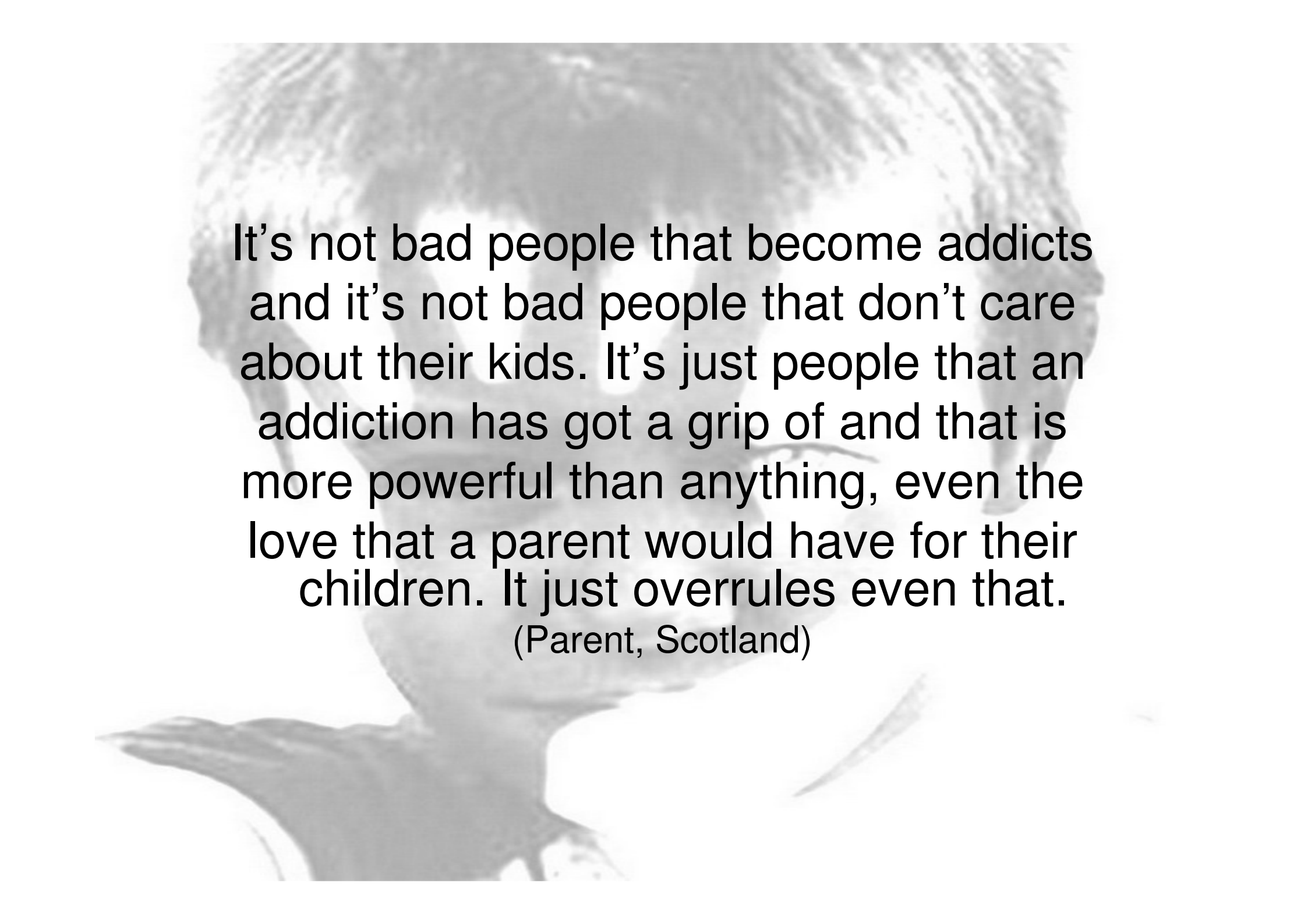


IN ALL THAT IS  
BETWEEN 6-9%  
OF ALL  
CHILDREN




# The Scale of the Problem

- 1996-2000 300,000 plus users accessing services
- 95,000 service users(43%) had dependant children
- There was an average of just over 2 children per service user in treatment.
- Estimated up to 300,000 children of problem drug users (Eng/Wales). This represents 2-3% of all children under 16.
- Recommendation that all drug treatment agencies record data about the children of adult clients- currently often “invisible” to agencies



It's not bad people that become addicts  
and it's not bad people that don't care  
about their kids. It's just people that an  
addiction has got a grip of and that is  
more powerful than anything, even the  
love that a parent would have for their  
children. It just overrules even that.

(Parent, Scotland)



Hidden Harm made 48 recommendations which cut across drugs, children's health and criminal justice sectors and addressed a broad range of issues including joint working, research, identifying and recording needs, staff training, dedicated provision and protection for children affected.



# Hidden Harm ACMD June 2003

## Key messages

- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood
- Reducing the harm to children from parental drug use should become a major objective of policy and practice.
- Effective treatment for the parent can have major benefits for the child



# Hidden Harm contd.

- By working together, services can take many practical steps to protect and improve the health and well-being of affected children
- The number of affected children is only likely to decrease when the number of problem drug users decreases



# NATIONAL HIDDEN HARM WORKING GROUP

- “The Hidden Harm Working group wishes to see a United Kingdom where children affected by adult drug use receive the care and opportunities they require to enable them to achieve their full potential. These children are in special circumstances and may need safeguarding and protecting”.



# SAFEGUARDING/ CHILDPROTECTION

- There has been a shift from the more response driven **child protection** (protection of specific children who are suffering) agenda to try to encompass the **safeguarding** of children using a more proactive, preventative approach in an effort to alleviate the risk of the potential problems **BEFORE** they occur.

## Substance Misuse in Pregnancy

- Where a pregnant woman uses drugs and/or alcohol family life **will** be affected, children may not necessarily be at risk of significant harm.
- Assessment needs to consider;
  - the impact of the drug/alcohol use and associated lifestyles on the unborn child.
  - whether there are any resultant concerns for the child's welfare or safety.
- Assessment will be informed by multi agency collaboration at an early stage, ideally before 32 week of pregnancy.



# Impact of Problematic Drug Misuse on Children

- Problematic drug misuse is strongly associated with deprivation, serious health problems and other factors that may affect parenting capacity
- Impact on foetus due to drugs-neonatal withdrawal, foetal growth, risks of transmission of HIV and viral hepatitis
- Impact on children-poverty, physical and emotional abuse and neglect, inappropriate parenting, exposure to hazards, separation and changes of residence/carers, interrupted education and socialisation, exposure to criminal or other inappropriate adult activity and social isolation



# Give me room to breathe

**Campaign launched across Lancashire – including Blackburn and Blackpool to reduce SUDI**

- Lancashire has some of the highest rates of infant death in the country
- The National average is 1 to 2 deaths per 1000 live births – Lancashire currently has 6 deaths per 1000 live births
- Highest numbers occurred in the most deprived wards.

## Reducing the Risk- things every parent / carer can do – this advice is for partners too!!

- **Do not smoke** – not only just around the baby but at all. 1-2 hrs of tobacco exposure means a baby is more than **twice** as likely to die.
- **Do not bed share** – especially if you have taken any medication prescribed or otherwise that may make you drowsy ie; anti histamines, Night Nurse
  - You have had less than four hours sleep in the past 24hrs
  - Your baby is premature – less than 37wks
  - Your baby weighs less than 5.5lbs
  - Your baby is less than 3 mths old
  - **You or your partner have had any alcohol**
- **NEVER** sleep with a baby on a settee or in a chair –babies have died after being suffocated
- **Even if there are none of the above risk factors parents can (and do) unintentionally overlay their babies.**

## Protective Factors for SUDI – reducing risk

- For the first six months the safest place for a baby to sleep is in a cot in the same room as their parents
- Breast feed if you can
- Keep room temperature between 16 – 20 degrees
- Do not have too many clothes – bed clothes on the baby- a large proportion of SUDI are thought to die from overheating
- Babies should sleep on their backs at the bottom of the cot so they cannot wriggle down.
- Position cot away from sources of heat – radiators, windows.

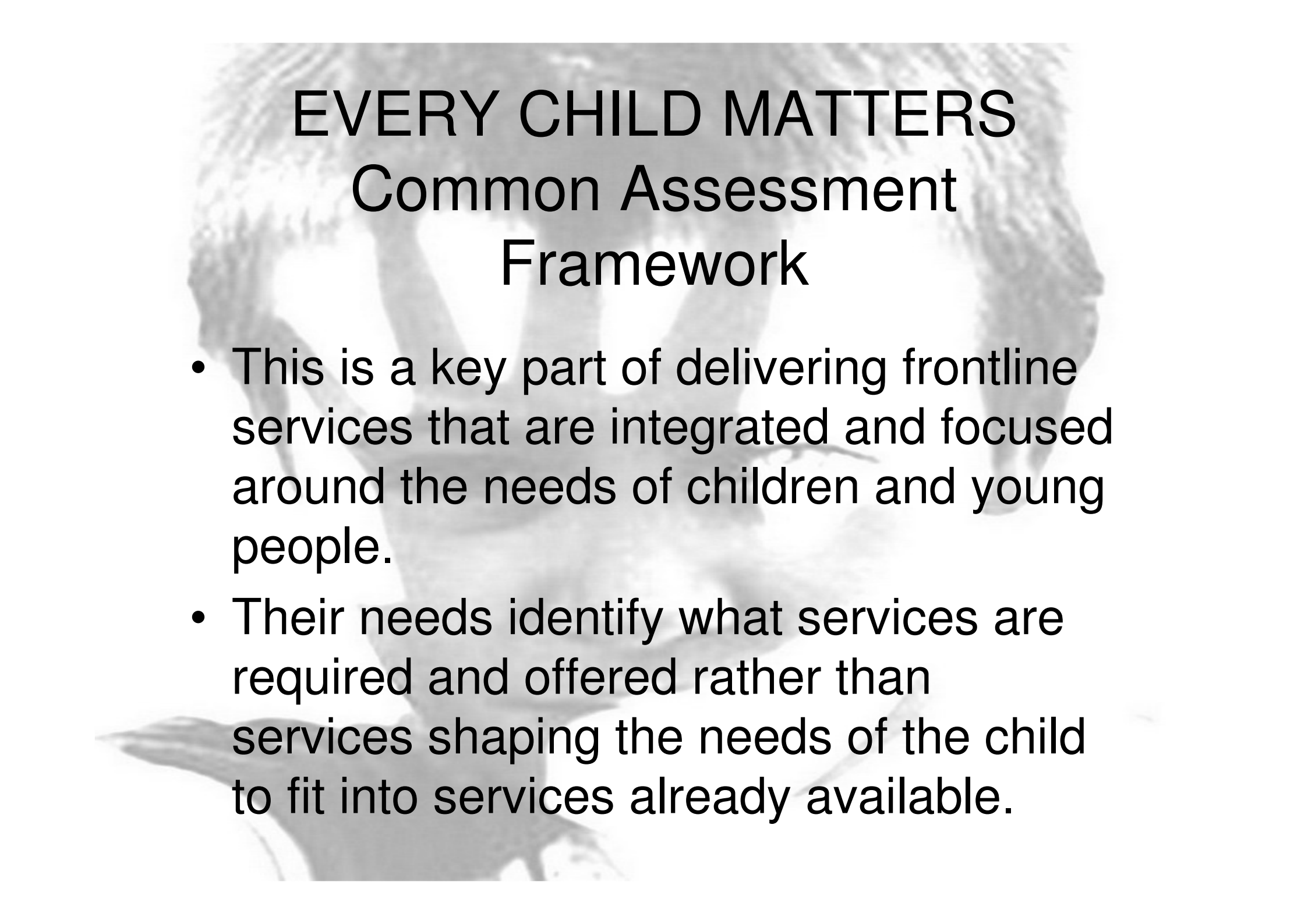


# BIENNIAL ANALYSIS OF SERIOUS CASE REVIEWS 2003-2005 *DCSF*

- 161 cases were looked at between 2003-2005
- 47 were examined in depth
- Key findings : 66% there was DV
  - : 55% mental ill health
  - : 57% substance misuse
- 1:3 cases had coexistence of all three factors

# OTHER KEY DOCUMENTS

- Hidden Harm – Three Years On: Realities, Challenges and Opportunities (ACMD Feb 2007)
- Drugs: protecting families and communities – the 2008 drugs strategy (HM Government)
- Reaching Out – Think Family (Cabinet Office June 2007)
- Working Together to Safeguard Children 2006 – (HM Government)
- Framework for the Assessment of Children in Need and their Families (DOH 2000)



# EVERY CHILD MATTERS

## Common Assessment Framework

- This is a key part of delivering frontline services that are integrated and focused around the needs of children and young people.
- Their needs identify what services are required and offered rather than services shaping the needs of the child to fit into services already available.



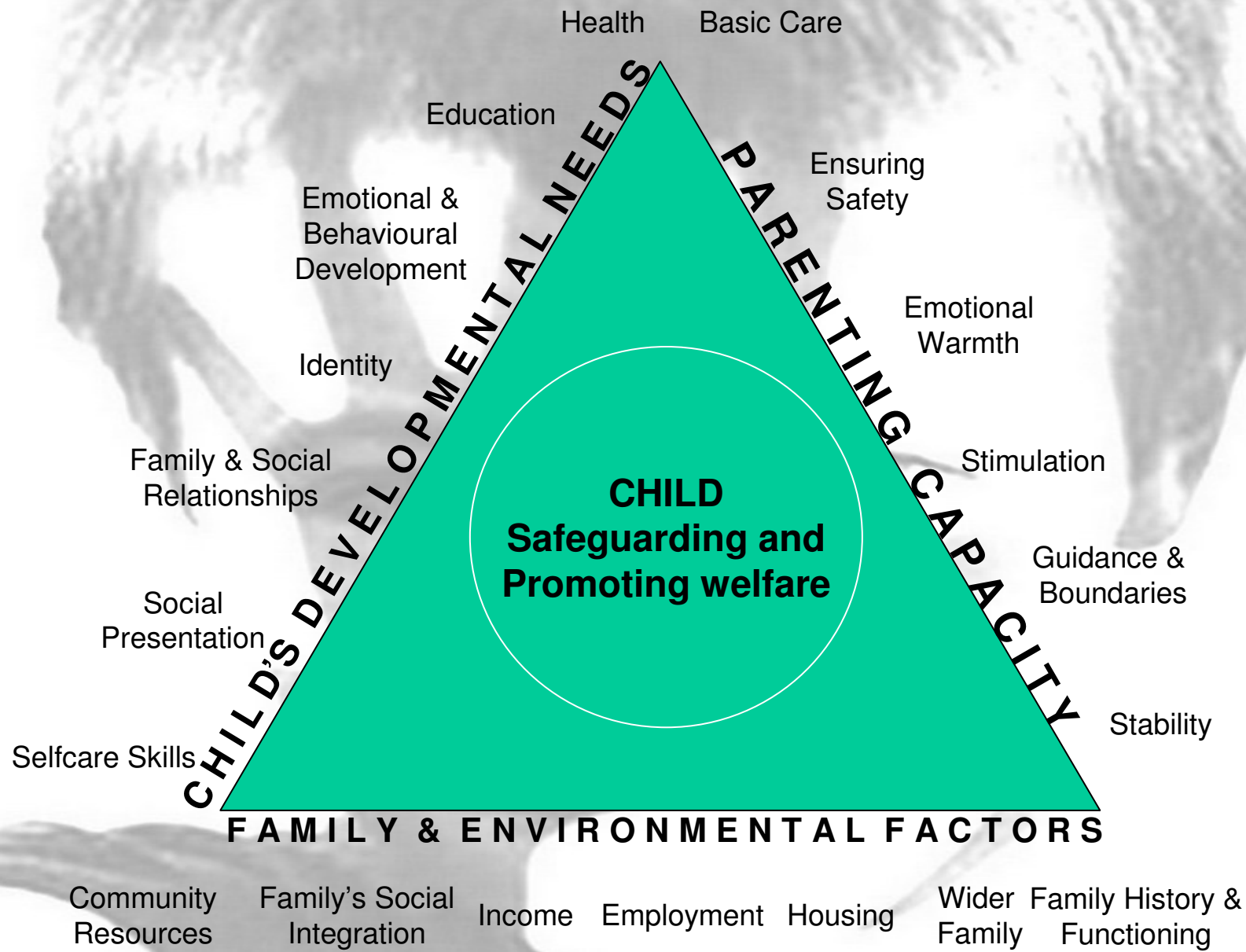
# COMMON ASSESSMENT FRAMEWORK

- Single unified multi-agency assessment tool to promote earlier recognition and assessment of children with additional needs.
- This requires full cooperation and consent from clients/service users.
- Older children/young people can if of a sufficient understanding consent to the CAF process for themselves.



# The Assessment Framework

- **The Assessment Framework introduces a systematic approach for gathering and analysing information regarding:**
  - **The developmental needs of the children**
  - **The capacities of parents/carers to respond appropriately to those needs**
  - **The impact of wider family and environmental factors on parenting capacity and children**
- **The process of assessment will determine:-**
  - **If the child is in need**
  - **Their level of vulnerability**
  - **Which needs must be met as a matter of priority**



# Resilience Factors

- One or both parents receiving effective treatment
- Other responsible adults are helpfully involved in the child's care
- The family's routines and activities are maintained
- There is a stable home with adequate financial resources

Advisory Council on the Misuse of Drugs (2003:37) *Hidden Harm. Responding to the needs of children of problem drug users*. Home Office

# What children say they need: summary

- To feel safe
- To feel wanted and to feel important
- Protection from fear and violence
- To be visible
- To have information about what would happen if they spoke out.
- Practical help
- A break
- Someone to talk to

**Advisory Council on the Misuse of Drugs (2003)** *Hidden Harm – responding to the needs of children of problem drug users.* Home Office

**Gorin, S. (2004)** *Understanding what children say – children's experiences of domestic violence, parental substance misuse and parental health problems.* National Children's Bureau

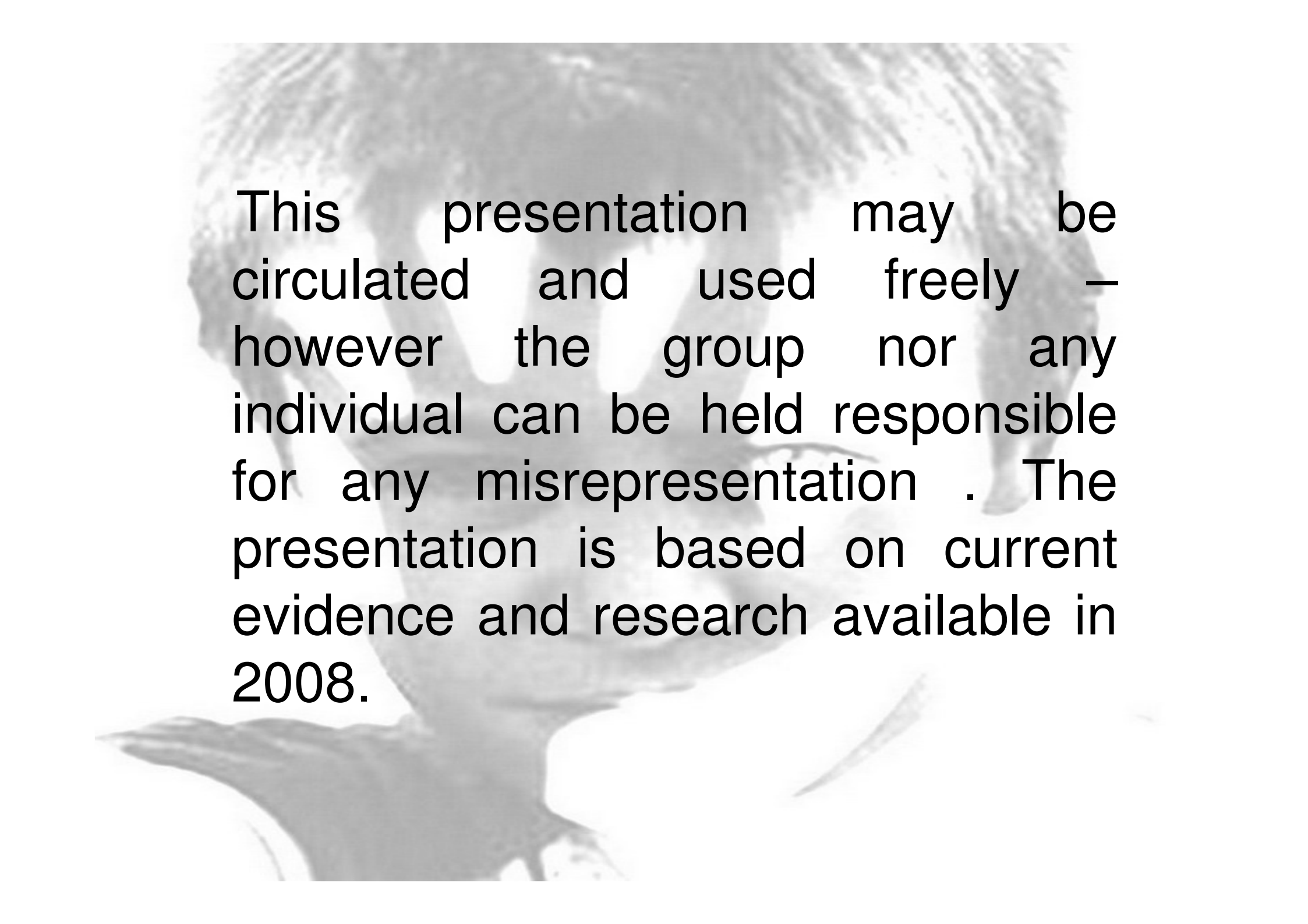
# WORKING TOGETHER 2006 – section 2 .78

- All GPs have a duty to maintain their skills in the recognition of abuse, and to be familiar with the procedures to be followed if abuse is suspected. GPs should take part in training about safeguarding and promoting the welfare of children and should have regular updates as part of their post -graduate educational programme. As employers, they should ensure that all their staff are given the opportunity to attend local courses in safeguarding.



## Framework for the Assessment of Children in Need and their Families 5.22

- The PHCT are well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or carer, or which may mean they pose a risk of harm to a child.
- If they have concerns that an adult's problems or behaviour may be causing or putting a child at risk of harm, they should follow the local LSCB procedures.



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